## **BONENT 2024 Fall Virtual Seminar**

Sunday, November 10, 2024

## **REGISTRATION FORM**

Cardholder's Signature\_

## Continuing Education PROGRAMS

## To Register:

- 1. Go Online to www.BONENT.org (My Account section) for BONENT/NNCO members only.
- 2. OR complete this form.

Please Print clearly (ALL)	info below is requ	<u>iired</u> )			
First Name	Last Name				
Address		Apt. #			
City		State	Zip		
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Home Phone		Cell Phone	e		CONFIRMATION
Email Address ( <u>Required</u> to	o send your confir	mation)			After your registration is processed you will receive an email
Are you BONENT/NNO	CO certified?	□ No; □ Yes: II	D#		confirmation to admit you into the seminar.
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Check one:   Technicia		cai reclinician; 🗆	water Specia	iist; 🗆 Nurse	5 <sup>th</sup> call 202-462-1252, ext 1 or 2
<b>Registration F</b>	ees				A login will be sent to you on t
	Early Bird	Dogular	Late	Enter	morning of the seminar. You
	Received by	Regular Received	Late	TOTAL	must log in with the same nar
	9/27/24	9/28/24-10/28/24		TOTAL	and email as on your form to
BONENT: Annual Fees are					receive a certificate.
paid up-to-date <b>NNCO</b> : Active certification	\$135	\$145	\$155		
Titles. Heave certification					CE CERTIFICAT
Other	\$145	\$155	\$165		Only registered attendees who attend, will receive a CE Certificate by email after the
Refund Policy: A \$50 cancellation f	ee applies for cancellatio	ns received by fax or mail or	n or before 9/30/24 No	o refunds after 9/30/24	seminar.
<b>PAYMENT</b>					
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	your employer, b		it must be rece	ived by the dea	stration fees are to be paid by dlines as noted above.
CREDIT	Quickest C	option → → FA	$\mathbf{X}$ this form w	ith credit card	payments to <u>202-463-1257</u> .
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	Credit Card Information:   AMEX   MasterCard   VISA  Card Number  SEPHROLOGY				
	Expiration Date (Month/Year)/ Security Code				
	Cardholder's Name on Card				